

<b>FACSIMILE TRANSMITTAL FORM</b>		Application Number	10/732715
		Filing Date	December 10, 2003
		First Named Inventor	Lewandowski, Kevin M.
		Art Unit	1621
		Examiner Name	Keys, Rosalynd Ann
Fax: 703-872-9306	Attorney Docket Number	59408US002	RECEIVED CENTRAL FAX CENTER
Total Number of Pages in This Submission: 22			
Date: <b>FEB 17 2005</b>		Attorney for Applicant: Kent S. Kokko	

<b>ENCLOSURES</b> (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosures:	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53	<input type="checkbox"/> Request for Refund <input type="checkbox"/> Request for Continued Examination (RCE) Transmittal		
<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Communication to Technology Center		
<b>REMARKS:</b>			

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION  
MAY CONTAIN CONFIDENTIAL OR LEGALLY PRIVILEGED INFORMATION  
INTENDED ONLY FOR THE PERSON OR ENTITY NAMED BELOW.

If you are not the intended recipient, please do not read, use, disclose, distribute or copy this transmission.  
If this transmission was received in error, please immediately notify me by telephone directly at (651) 733-3597 or  
651-733-1500, and we will arrange for its return at no cost to you.

32692

Customer Number

Patent  
Case No.: 59408US002

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

CENTRAL FAX CENTER

JAN 17 2005

First Named Inventor: LEWANDOWSKI, KEVIN M.

Application No.: 10/732715

Group Art Unit: 1621

Filed: December 10, 2003

Examiner: Keys, Rosalynd Ann

Title: REACTIVE HYDROPHILIC OLIGOMERS

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop: Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

## CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR § 1.8(a))

I hereby certify that this correspondence is being:

deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306.

FEB 17 2005

*Hylis H. Froelke*

Date

Signed by: Hylis H. Froelke

Dear Sir:

Pursuant to 37 CFR §§ 1.56, 1.97, and 1.98, enclosed is a completed Form PTO-1449, citing references submitted for consideration by the Examiner. It is respectfully requested that the Examiner initial and return the enclosed Form PTO-1449 to indicate that each reference has been considered.

Copies of any cited foreign patents, foreign publications, non-patent literature documents, and any pending U.S. applications filed before June 30, 2003, are attached. Copies of any pending U.S. applications filed after June 30, 2003 that can be accessed on the USPTO's IFW system are not attached as per USPTO Waiver dated September 21, 2004. Copies of any U.S. patents and published U.S. patent applications are not attached.

If a first Office Action on the merits has been mailed prior to the mailing date of this document, please charge the fee for consideration of an Information Disclosure Statement set forth in 37 CFR § 1.17(p), and if necessary, please charge any additional fees, or credit any overpayment to Deposit Account No. 13-3723.

Respectfully submitted,

Date

*Feb 17, 2005*

By:

*Kent S. Kokko*  
 Kent S. Kokko, Reg. No.: 33,931  
 Telephone No.: (651) 733-3597

Office of Intellectual Property Counsel  
 3M Innovative Properties Company  
 Facsimile No.: 651-736-3833

Substitute for form 1449A/PTO (modified)		Application Number	10/732715
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>		Filing Date	December 10, 2003
(Use as many sheets as necessary)		First Named Inventor	Lewandowski, Kevin M.
Page 1 of 1		Art Unit	1621
		Examiner Name	Keys, Rosalynd Ann
		Attorney Case Number	59408US002

U.S. Patent Documents					
Exam. Init.*	Cite No.	Document Number	Publication Date or Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Doc. Number-(Kind Code if Known)			
	A1	US- 6,221,303 B1	04/24/2001	Steinmann	
	A2	US- 6,361,768 B1	03/26/2002	Galleguillos et al.	
	A3	US-			
	A4	US-			
	A5	US-			
	A6	US-			
	A7	US-			
	A8	US-			
	A9	US-			
	A10	US-			
	A11	US-			

Foreign Patent Documents					
Exam. Init.*	Cite No.	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Ctry. Code			
	B1	WO	01/18079 A1	03/15/2001	
	B2				
	B3				
	B4				
	B5				
	B6				
	B7				

OTHER DOCUMENTS					
Exam. Init.*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published			Translation (Check if yes)
	C1				
	C2				
	C3				

*Examiner:	Date Considered:
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.	

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- BLACK BORDERS**
- IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- FADED TEXT OR DRAWING**
- BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- SKEWED/SLANTED IMAGES**
- COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- GRAY SCALE DOCUMENTS**
- LINES OR MARKS ON ORIGINAL DOCUMENT**
- REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**